

Fill in this information to identify your case:

Debtor 1 **Gwendolyn Lorita Martin**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number **15-56724**
(if known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Supervisor

Piedmont Fayette Hospital

**Suite 1000
2727 Paces Ferry Road
Atlanta, GA 30339**

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? **19 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2.	\$	4,961.00	\$	N/A
3.	+\$	0.00	+\$	N/A
4.	\$	4,961.00	\$	N/A

G.M.

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 4,961.00	\$ N/A

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: **HSA**

5a.	\$ 525.00	\$ N/A
5b.	\$ 0.00	\$ N/A
5c.	\$ 338.00	\$ N/A
5d.	\$ 0.00	\$ N/A
5e.	\$ 126.00	\$ N/A
5f.	\$ 0.00	\$ N/A
5g.	\$ 0.00	\$ N/A
5h.	\$ 133.00	\$ N/A
	\$ 54.00	\$ N/A
	\$ 3.00	\$ N/A
	\$ 18.00	\$ N/A
	\$ 14.00	\$ N/A
	\$ 13.00	\$ N/A

EE Optional Life

Dependent Life

Supp LTD

Accident Insurance

Permanent Life

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 1,224.00	\$ N/A
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 3,737.00	\$ N/A
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8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0.00	\$ N/A
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- 8b. Interest and dividends

8b.	\$ 0.00	\$ N/A
-----	---------	--------

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ N/A
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- 8d. Unemployment compensation

8d.	\$ 0.00	\$ N/A
-----	---------	--------

- 8e. Social Security

8e.	\$ 0.00	\$ N/A
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- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify:

8f.	\$ 0.00	\$ N/A
-----	---------	--------

- 8g. Pension or retirement income

8g.	\$ 0.00	\$ N/A
-----	---------	--------

- 8h. Other monthly income. Specify:

8h.	\$ 0.00	\$ N/A
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9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 0.00	\$ N/A
----	---------	--------

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 3,737.00	+	\$ N/A	=	\$ 3,737.00
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11.	+\$ 0.00
-----	----------

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$ 3,737.00
-----	-------------

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

G.M.

Fill in this information to identify your case:

Debtor 1 **Gwendolyn Lorita Martin**
 Debtor 2 _____
 (Spouse, if filing) _____
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**
 Case number **15-56724**
 (If known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY _____
☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?
☒ No. Go to line 2.
☐ Yes. Does Debtor 2 live in a separate household?
☐ No
☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?
☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

4. \$ 0.00

4a. \$ 0.00

4b. \$ 225.00

4c. \$ 75.00

4d. \$ 0.00

5. \$ 0.00

DM

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

6. Utilities:			
6a.	Electricity, heat, natural gas	6a. \$	250.00
6b.	Water, sewer, garbage collection	6b. \$	135.00
6c.	Telephone, cell phone, internet, satellite, and cable services	6c. \$	210.00
6d.	Other. Specify: Security System	6d. \$	55.00
	Pest Control	\$	40.00
7.	Food and housekeeping supplies	7. \$	500.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	100.00
10.	Personal care products and services	10. \$	100.00
11.	Medical and dental expenses	11. \$	75.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14.	Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
15c.	Vehicle insurance	15c. \$	200.00
15d.	Other insurance. Specify:	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Ad Valorem Specify: Property Taxes		16. \$	30.00
		\$	25.00
17. Installment or lease payments:			
17a.	Car payments for Vehicle 1	17a. \$	525.00
17b.	Car payments for Vehicle 2	17b. \$	0.00
17c.	Other. Specify: Farmers Furniture	17c. \$	100.00
17d.	Other. Specify: Probate Court for Property	17d. \$	657.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	18. \$	0.00
19.	Other payments you make to support others who do not live with you. Specify: Payments to 2 college daughters	\$	100.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .			
20a.	Mortgages on other property	20a. \$	0.00
20b.	Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e.	Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Aarons Rental	21. +\$	120.03
22.	Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	3,722.03
23. Calculate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,737.00
23b.	Copy your monthly expenses from line 22 above.	23b. -\$	3,722.03
23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	14.97
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes.			
Explain:			

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Georgia

In re **Gwendolyn Lorita Martin**

Debtor(s)

Case No. **15-56724**
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Gm Financial	Describe Property Securing Debt: 2010 Mercedes Benz 350ML
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Aaron's	Describe Leased Property: Dining Room Furniture	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date

Signature

Gwendolyn Lorita Martin
Gwendolyn Lorita Martin
Debtor

Fill in this information to identify your case:

Debtor 1 **Gwendolyn Lorita Martin**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of Georgia**

Case number **15-56724**
(if known)

Check one box only as directed in this form and in Form 22A-1 Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☒ Check if this is an amended filing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1 Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,427.14	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$	\$ 0.00	\$
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ 0.00	\$
10b.	\$ 0.00	\$
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,427.14	+ \$ = \$ 4,427.14

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11

Copy line 11 here=> 12a. \$ 4,427.14

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ 53,125.68

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

GA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 53,684.00

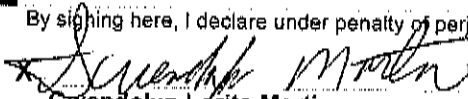
14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.


Gwendolyn Lorita Martin
Signature of Debtor 1

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2014 to 03/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

6 Months Ago:	10/2014	\$5,147.34
5 Months Ago:	11/2014	\$4,257.21
4 Months Ago:	12/2014	\$4,673.75
3 Months Ago:	01/2015	\$3,822.52
2 Months Ago:	02/2015	\$3,980.52
Last Month:	03/2015	\$4,681.51
Average per month:		\$4,427.14

Gm

United States Bankruptcy Court
Northern District of Georgia

In re Gwendolyn Lorita Martin

Debtor

Case No. 15-56724Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	12,728.02
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	12,728.02

State the following:

Average Income (from Schedule I, Line 12)	3,737.00
Average Expenses (from Schedule J, Line 22)	3,722.03
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	4,427.14

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		26,314.87
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	12,728.02	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		108,619.34
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		134,934.21



United States Bankruptcy Court
Northern District of Georgia

In re Gwendolyn Lorita Martin

Debtor

Case No. 15-56724Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	53,559.00		
B - Personal Property	Yes	3	69,810.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		85,531.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		12,728.02	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		108,619.34	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,737.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,722.03
Total Number of Sheets of ALL Schedules		20			
Total Assets			123,369.00		
Total Liabilities				206,878.36	



B6 Declaration (Official Form 6 - Declaration), (12/07)

United States Bankruptcy Court
Northern District of Georgia

In re Gwendolyn Lorita Martin

Debtor(s)

Case No. 15-56724
Chapter 7

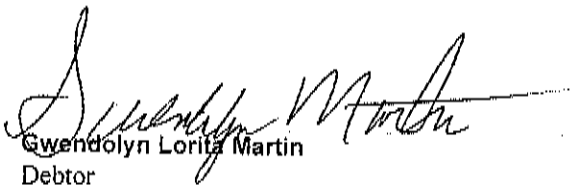
DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature _____


Gwendolyn Lorita Martin
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.